

Please type a plus sign (+) inside this box ☒

PTO/SB/50 (modified) (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	18602-07125
	First Named Inventor	Jerome F. Duluk, Jr.
	Original Patent Number	6,285,378
	Original Patent Issue Date (Month/Day/Year)	September 4, 2001
	Express Mail Label No.	EV342133743US

APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (unsigned)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for Surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss
☒ Offer to Surrender Patent
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO/SB/08A ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment and Statement of status/support for all changes to the claims.
See 37 CFR 1.173(c).
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other: _____

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

00758

or ☐ Correspondence address below

Name (Print/Type)	Kirk A. Gottlieb	Registration No. (Attorney/Agent)	42,596
Signature		Date	September 3, 2003

21906 U.S. PTO

10/655552



09/03/03

09/03/03
1132
U.S. PTO

PRESS MAIL NO. EV342133743US

PTO/SB/56 (08-00)

Approved for use through 12/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

18602-07125

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 2	Total Claims (37 CFR 1.16(j))	(B) 3	**** 0 =	x \$	=	or	x \$18.00 = 0.00
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 3	* 1 =	x \$	=		x \$84.00 = 84.00
Basic Fee (37 CFR 1.16(h))				\$		OR	\$ 750.00
Total Filing Fee				\$			\$ 834.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 3	MINUS	** 20 =	* = 0	x \$	=	or	x \$18.00 = 0.00
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 2 =	= 1	x \$	=		x \$84.00 = 84.00
Total Additional Fee					\$		OR	\$ 84.00

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
- ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
- *** After any cancellation of claims
- **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).
- ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ **PLEASE DEFER** to cover the filing fee is enclosed.

September 3, 2003
Date

Signature of Applicant, Attorney or Agent of Record

Kirk A. Gottlieb, Reg. No. 42,596
Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

18602/07125/SF/5106446.1